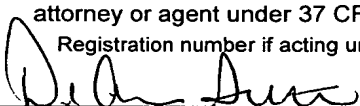


PTO/SB/22 (10-04)

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|   |            |  |             |
|---|------------|--|-------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(fees effective on or after October 1, 2004)   |            | Docket Number (Optional)<br>SNI-002CN3 |             |
| Application Number<br>10/811081-Conf. #8582   |            | Filed<br>March 25, 2004                |             |
| For <b>NOVEL GLYCOPROTEINS AND METHODS OF USE THEREOF</b>   |            |  |             |
| Art Unit<br>1653  |            | Examiner<br>R. B. Kapust               |             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |            |  |             |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                |             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$110.00   | \$55.00                                | \$          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$430.00   | \$215.00                               | \$          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$980.00   | \$490.00                               | \$          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1,530.00 | \$765.00                               | \$          |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2,080.00 | \$1,040.00                             | \$ 2,080.00 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |  |             |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |  |             |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |  |             |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |  |             |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-0080</u> . I have enclosed a duplicate copy of this sheet.                     |            |  |             |
| I am the <input type="checkbox"/> applicant/inventor.   |            |  |             |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |  |             |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>36,683</u>  |            |  |             |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br>Registration number if acting under 37 CFR 1.34(a) _____  |            |  |             |
| <br>Signature  |            | December 6, 2004<br>Date               |             |
| DeAnn F. Smith<br>Typed or printed name   |            | (617) 227-7400<br>Telephone Number     |             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |  |             |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |            |  |             |

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 465 007 936 US, in an envelope addressed to: MS Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 6, 2004

Signature:  (DeAnn F. Smith)